

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2016 FEB 9 AM 8:59

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

NWGA VOTES GOP

12FE4M5

ADDRESS (number and street)

100 SMITH STREET NE

☐ Check if different than previously reported. (ACC)

ROME

GA

30161-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00589978

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☒ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

09 / 01 / 2015

through

12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

MARCUS A. POUNCEY

Signature of Treasurer

*Marcus A. Pouncey*

Date

02 / 28 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004



DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NWGA VOTES GOP

Report Covering the Period:

From:

09 / 01 / 2015

To:

12 / 31 / 2015

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other  
Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## **II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:  
 (a) Allocated Federal/Non-Federal Activity (from Schedule H4)  
 (i) Federal Share .....

0
---

--

- (ii) Non-Federal Share.....

0
---

--

- (b) Other Federal Operating Expenditures .....

0
---

--

- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....

0
---

--

22. Transfers to Affiliated/Other Party Committees.....

0
---

--

23. Contributions to Federal Candidates/Committees and Other Political Committees.....

0
---

--

24. Independent Expenditures (use Schedule E) .....

0
---

--

25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....

0
---

--

26. Loan Repayments Made.....

0
---

--

27. Loans Made.....

0
---

--

28. Refunds of Contributions To:  
 (a) Individuals/Persons Other Than Political Committees .....

0
---

--

- (b) Political Party Committees .....

0
---

--

- (c) Other Political Committees (such as PACs).....

0
---

--

- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....

0
---

--

29. Other Disbursements .....

0
---

--

30. Federal Election Activity (52 U.S.C. § 30101(20))

- (a) Allocated Federal Election Activity (from Schedule H6)

- (i) Federal Share .....

0
---

--

- (ii) "Levin" Share.....

0
---

--

- (b) Federal Election Activity Paid Entirely With Federal Funds .....

0
---

--

- (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....

0
---

--

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

0
---

--

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

0
---

--

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

0
---

--





**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*NUGA VOTES GOP*

Full Name (Last, First, Middle Initial)

A. *MARCUS A. POUNCEY*

Date of Disbursement

*MM / DD / YYYY*

Mailing Address

*100 SMITH STREET NE*

City

*ROME*

State  
*GA*

Zip Code

*30161*

Purpose of Disbursement

Amount of Each Disbursement this Period

*0.00*

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

*NONE AS OF  
THIS DATE*

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

*MM / DD / YYYY*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

*0.00*

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

*MM / DD / YYYY*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

*0.00*

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

NUGA VOTES GOP

LOAN SOURCE Full Name (Last, First, Middle Initial)

NONE.

Election:

- ☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



# SCHEDULE C-1 (FEC Form 3X)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <b>NWGA VOTES GOP</b>		FEC IDENTIFICATION NUMBER <b>C 00589978</b>	
LENDING INSTITUTION (LENDER) Full Name <b>NONE.</b>		Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div>M M / D D / Y Y Y Y Y Y</div><div></div></div>	
City	State Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div>M M / D D / Y Y Y Y Y Y</div><div></div></div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div>M M / D D / Y Y Y Y Y Y</div><div></div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div>M M / D D / Y Y Y Y Y Y</div><div></div></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature <b>Marion A. Pouncey</b>		DATE <div style="display: flex; justify-content: space-between;"><div>M M / D D / Y Y Y Y Y Y</div><div></div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name <b>MARION A. POUNCEY</b> Signature <b>Marion A. Pouncey</b>		DATE <div style="display: flex; justify-content: space-between;"><div>M M / D D / Y Y Y Y Y Y</div><div></div></div>	
Title <b>Treasurer</b>		<div style="display: flex; justify-content: space-between;"><div>01 / 28 / 2016</div><div></div></div>	

## Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE	OF
------	----

FOR LINE NUMBER:  
(check only one)

9  
10

ANGLA VOTES GOP

~~POUNCEY~~ POUNCEY, MARCUS, A.

Mailing Address

Address  
100 SMITH STREET NE

City

State

Zip Code

ROME GA

30161

Nature of Debt (Purpose):	
---------------------------	--

NONE AS OF  
THIS DATE.

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

Nature of Debt (Purpose):	
---------------------------	--

### Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

**Outstanding Balance at Close of This Period**

Nature of Debt (Purpose):	
---------------------------	--

#### Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

**Outstanding Balance at Close of This Period**

1) **SUBTOTALS** This Period This Page (optional)..... ►

2) **TOTALS** This Period (last page this line number only)..... ►

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **01** OF **01**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NWGA VOTES GOP</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00589978</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>NONE</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	000
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	000
(c) TOTAL Independent Expenditures.....▶	000

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *William E. Perry* Date **01 / 28 / 2016**

20160209 09:01:00 000046410

# SCHEDULE F (FEC Form 3X)

## ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only by Political Committees in the General Election)

PAGE OF  
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NWGA VOTES GOP</b>	<input type="checkbox"/> Check if 24-hour notice
--	---

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee <b>POUNCEY, MARCUS, A.</b>				Purpose of Expenditure <b>NONE.</b>	<input type="checkbox"/> Category/ Type
Mailing Address				Date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City	State	Zip Code			
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount	<input type="checkbox"/> 000
Aggregate General Election Expenditure for this Candidate ▶				<input type="checkbox"/>	

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address				Date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City	State	Zip Code			
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount	<input type="checkbox"/>
Aggregate General Election Expenditure for this Candidate ▶				<input type="checkbox"/>	

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address				Date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City	State	Zip Code			
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount	<input type="checkbox"/>
Aggregate General Election Expenditure for this Candidate ▶				<input type="checkbox"/>	

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="checkbox"/> 000
TOTAL This Period (last page this line number only).....▶	<input type="checkbox"/> 000

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

NWGA VOTES GOP

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

Fixed Percentage (select one)

- ☒ Presidential-Only Election Year (28% Federal)
- ☐ Presidential and Senate Election Year (36% Federal)
- ☐ Senate-Only Election Year (21% Federal)
- ☐ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐  
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

NWGA VOTES GOP

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER <u>NONE AS OF TODAY</u></p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>
<p>ACTIVITY OR EVENT IDENTIFIER <u>NONE AS OF TODAY</u></p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>
<p>ACTIVITY OR EVENT IDENTIFIER <u>NONE AS OF TODAY</u></p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>
<p>ACTIVITY OR EVENT IDENTIFIER <u>NONE AS OF TODAY</u></p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>
<p>ACTIVITY OR EVENT IDENTIFIER <u>NONE AS OF TODAY</u></p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>
<p>ACTIVITY OR EVENT IDENTIFIER <u>NONE AS OF TODAY</u></p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/></p>	<p>NONFEDERAL %</p> <p><input type="text"/></p>

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE      OF  
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

*NWGA VOTES GOP*

NAME OF ACCOUNT

*NWGA VOTES GOP*

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

000

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

ii) Generic Voter Drive .....

iii) Exempt Activities .....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

000

201102090004940

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE  OF   
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

NUGA VOTES GOP

A. Full Name (Last, First, Middle Initial)

POUNCEY, MARCUS, A

Mailing Address

100 SMITH STREET NE

City

ROME

State

GA

Zip Code

30161

Purpose of Disbursement:

NONE AS OF THIS DATE

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

/  /

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

/  /

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

/  /

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

0.00

2016-02-09 08:49:41



# SCHEDULE H5 (FEC Form 3X)

## TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NWGA VOTES GOP

NAME OF ACCOUNT

NWGA VOTES GOP

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

000

### BREAKDOWN OF THIS TRANSFER

#### i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

#### ii) Voter ID

Total Amount Transferred for Voter ID .....

VOTER ID

#### iii) GOTV

Total Amount Transferred for GOTV .....

GOTV

#### iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

### BREAKDOWN OF THIS TRANSFER

#### i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

#### ii) Voter ID

Total Amount Transferred for Voter ID .....

VOTER ID

#### iii) GOTV

Total Amount Transferred for GOTV .....

GOTV

#### iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

### TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received) .....

000

2010-02-01 10:00:00

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)

*NWGA VOTES GOP*

A. Full Name (Last, First, Middle Initial) / Full Organization Name

*POUNCEX, MARCUS, A*

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV  
☐ Voter ID ☐ Generic Campaign

Mailing Address

*100 SMITH STREET NE*

Allocated Activity or Event Year-To-Date

City

*ROME*

State

*GA*

Zip Code

*30161*

Purpose of Disbursement

*NONE AS OF THIS DATE*

Category/  
Type

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV  
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV  
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

2016-02-06 PM 00:04:41

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)

NWGA VOTES GOP

NAME OF ACCOUNT

NWGA VOTES GOP

COLUMN A  
TOTAL THIS PERIOD

COLUMN B  
YEAR-TO-DATE

1. RECEIPTS FROM PERSONS

(a) Itemized .....  
 (Use Schedule L-A)

NONE

NONE

(b) Unitemized .....

(c) Total .....

2. OTHER RECEIPTS .....

3. TOTAL RECEIPTS .....

(Add Lines 1c and 2)

25.00

25.00

4. TRANSFERS TO FEDERAL OR  
ALLOCATION ACCOUNT

(Use Schedule L-B)

(a) Voter Registration .....

(b) Voter ID .....

(c) GOTV .....

(d) Generic Campaign .....

(e) Total .....

5. OTHER DISBURSEMENTS .....

6. TOTAL DISBURSEMENTS .....

(Add Lines 4e and 5)

7. BEGINNING CASH ON HAND .....

(for Column B, use cash as of January 1st)

8. RECEIPTS .....

(from Line 3)

9. SUBTOTAL .....

(Add Lines 7 and 8)

25.00

25.00

10. DISBURSEMENTS .....

(From Line 6)

11. ENDING CASH ON HAND .....

(Subtract Line 10 From Line 9)

25.00

25.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a

☐ 2

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NAME OF COMMITTEE (In Full)

NUGA VOTES GOP

Full Name (Last, First, Middle Initial) / Full Organization Name

A. POUNCEY, MARCUS, A

Mailing Address

100 SMITH STREET NE

City ROME

State GA

Zip Code 30161

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 29 / 2015

Amount of Each Receipt this Period

25.00

Aggregate Year-to-Date

25.00

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

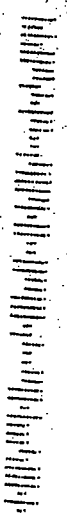
25.00

25.00



100 D...  
ROME, GA. 30161

FEDERAL ELECTION COMMISSION  
999 E STREET, NW  
WASHINGTON, DC 20463



2016 FEB 9 AM 8:59

RECEIVED  
FEDERAL CENTER  
2016 FEB -9 AM 8:59

\$1.64<sup>00</sup>  
US POSTAGE  
FIRST-CLASS  
071S00729341  
30161  
000040785

A rectangular postage meter stamp with a grid pattern and the text "USPS" and "FIRST-CLASS".

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <div style="text-align: center; font-size: 1.2em; font-weight: bold;">NONE</div> Date of Receipt <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2/9/16</div>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): <div style="text-align: right;">Next Business Day Delivery <input type="checkbox"/></div>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER  
 (3/2015)

DATE PREPARED

20160209 10:00:00 AM